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COMBINED DECLARATION AND POWER OF ATTORNEY Attorney Docket No. 07844-511001 Client No. P460

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EXTENSIBLE HELP FACILITY FOR A COMPUTER SOFTWARE APPLICATION

the specification of which	:	
⊠ is attached h	ereto.	
was filed on	09/28/2001.	
☐ und ☐ with	er Application No. Express Mail No.	(Application Number not yet known).
☐ was describe	ed and claimed in PC	TInternational Application No.
		nd understand the contents of the above-identified specification, andment referred to above.
I acknowledge t accordance with Title 37	he duty to disclose in Code of Federal Reg	formation which is material to the examination of this application in gulations, Section 1.56(a).
I hereby appoin application and to transa correspondence be addr	ct all business in the I	oners associated with Customer Number 021876 to prosecute this Patent and Trademark Office connected therewith, and direct that all
	c	customer Number 021876
Direct all telephone calls	to John C. Phillips, R	eg. No. 35,322, at telephone number (858) 678-4304.
prosecution of patent ap	plications for the abov	tand that the purpose of making this appointment is to permit re-identified invention for the benefit of my assignee, and that this t relationship between me and these appointees.
made on information and knowledge that willful fal	I belief are believed to se statements and the of the United States (nade herein of my own knowledge are true and that all statements of be true; and further that these statements were made with the like so made are punishable by fine or imprisonment, or both, under code and that such willful false statements may jeopardize the validity or
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Inventor's signature		Date:
Residence: Citizen of: Post Office Address:	San Diego, CA United States 3425 Lebon Drive, San Diego, CA 92	

Full name of inventor:	Michael D. Scarafone	
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